

AMENDED IN ASSEMBLY AUGUST 27, 2002

AMENDED IN ASSEMBLY AUGUST 23, 2002

AMENDED IN ASSEMBLY AUGUST 15, 2002

AMENDED IN ASSEMBLY AUGUST 12, 2002

AMENDED IN ASSEMBLY JUNE 30, 2001

AMENDED IN SENATE MARCH 29, 2001

SENATE BILL**No. 339**

Introduced by Senator Ortiz

February 20, 2001

An act to amend Section 1336.2 of the Health and Safety Code, relating to care facilities.

LEGISLATIVE COUNSEL'S DIGEST

SB 339, as amended, Ortiz. Long-term health care facilities: status changes and patient transfers.

Existing law requires the State Department of Health Services to administer provisions relating to the licensing of health facilities, including long-term health care facilities. Existing law imposes various requirements upon long-term health care facilities when the facility transfers patients due to a change in the status of the license or operation of the facility, including a requirement for written notification to the affected patients or their guardians. Under existing law, these requirements include taking reasonable steps to medically assess the patient prior to the transfer, and, when 10 or more patients are likely to be transferred, the preparation and submission of a proposed relocation plan to the department for comment, if any.

Existing law also authorizes the department to provide or arrange for the provision of patient relocation and related services, under specified circumstances.

Under existing law, the willful or repeated violation by any person of the provisions regulating long-term health care facilities is a misdemeanor.

This bill would revise the above provisions relating to the transfer of long-term health care facility patients, by, among other things, replacing references to a “patient” in these facilities with the term “resident.” The bill would also require the facility to obtain a social and physical functioning assessment, as well as a medical assessment, of each patient prior to giving the patient notice of the transfer. This bill would give a resident the right to remain in the facility for up to 60 days after notification of the intent to transfer, if an appropriate placement has not been made, and would impose staffing requirements upon facilities under these conditions. This bill would revise the procedures for submission by a facility, and review and approval by the department, of relocation plans for 10 or more residents. By changing the definition of an existing crime, this bill would create a state-mandated local program.

This bill would require the department to request that the Attorney General seek injunctive relief and damages against a facility that fails to provide the specified relocation services, under specified conditions.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 1336.2 of the Health and Safety Code
2 is amended to read:

3 1336.2. (a) Before residents are transferred due to any
4 change in the status of the license or operation of a facility,
5 including *a facility closure or* voluntary or involuntary
6 termination of a facility’s Medi-Cal or Medicare certification, the



1 facility shall take reasonable steps to transfer affected residents
2 safely and minimize possible transfer trauma by, at a minimum,
3 doing all of the following:

4 (1) Be responsible for ensuring that the resident's attending
5 physician, if available, or a facility medical director, if available,
6 completes the medical assessment of the resident's condition and
7 susceptibility to adverse health consequences, including
8 psychosocial effects, prior to written notice of transfer being given
9 to the resident. The assessment shall not be considered complete
10 unless it provides, in accordance with these assessments,
11 recommendations for counseling, followup visits, and other
12 recommended services, by designated health professionals, and
13 for preventing or ameliorating potential adverse health
14 consequences in the event of transfer.

15 (2) Be responsible for ensuring that the facility nursing staff
16 and activity director complete an assessment of the social and
17 physical functioning of the resident based on the relevant portions
18 of the minimum data set, as described in Section 14110.15 of the
19 Welfare and Institutions Code, before written notice of transfer is
20 given to the resident. The assessment shall not be considered
21 complete unless it provides recommendations for preventing or
22 ameliorating potential adverse health consequences in the event of
23 transfer. The assessment may be amended because of a change in
24 the resident's health care needs. The assessment shall also include
25 a recommendation for the type of facility that would best meet the
26 resident's needs.

27 (3) Be responsible for evaluating the relocation needs of the
28 resident including proximity to the resident's representative and
29 determine the most appropriate and available type of future care
30 and services for the resident before written notice of transfer is
31 given to the resident or the resident's representative. The health
32 facility shall discuss the evaluation and medical assessment with
33 the resident or the resident's representative and make the
34 evaluation and assessment part of the medical records for transfer.
35 If the resident or resident's representative chooses to make a
36 transfer prior to completion of assessments, the facility shall
37 inform the resident or the resident's representative, in writing, of
38 the importance of obtaining the assessments and followup
39 consultation.

1 (4) At least 30 days in advance of the transfer, inform the
2 resident or the resident's representative of alternative facilities that
3 are available and adequate to meet resident and family needs.

4 (5) Arrange for appropriate future medical care and services,
5 unless the resident or resident's representative has otherwise made
6 these arrangements. This requirement does not obligate a facility
7 to pay for future care and services.

8 (b) The facility shall provide an appropriate team of
9 professional staff to perform the services required in subdivision
10 (a).

11 (c) The facility shall also give written notice to affected
12 residents or their representatives, advising them of the
13 requirements in subdivision (a) at least 30 days in advance of
14 transfer. If a facility is required to give written notice pursuant to
15 Section 1336, then the notice shall advise the affected resident or
16 resident's representative of the requirements in subdivision (a). If
17 the transfer is made pursuant to subdivision (g), the notice shall
18 include notification to the resident or resident's representative that
19 the transfer plan is available to the resident or resident's
20 representative free of charge upon request.

21 (d) In the event of a temporary suspension of a facility's license
22 pursuant to Section 1296, the 30-day notice requirement in
23 subdivision (c) shall not apply, but the facility shall provide the
24 relocation services required in subdivision (a) unless the
25 department provides the services pursuant to subdivision (f).

26 (e) The department may make available assistance for the
27 placement of hard-to-place residents based on the department's
28 determination of the benefit and necessity of that assistance. A
29 hard-to-place resident is a resident whose level of care, physical
30 malady, or behavioral management needs are substantially beyond
31 the norm.

32 (f) The department may provide, or arrange for the provision
33 of, necessary relocation services at a facility, including medical
34 assessments, counseling, and placement of patients, if the
35 department determines that these services are needed promptly to
36 prevent adverse health consequences to patients, and the facility
37 refuses, or does not have adequate staffing, to provide the services.
38 In these cases, the facility or the licensee shall reimburse the
39 department for the cost of providing the relocation services. The
40 department's participation shall not relieve the facility of any

responsibility under this section. If the department does not provide or arrange for the provision of the necessary relocation services, and the facility refuses to provide the relocation services required in subdivision (a), then the department shall request that the Attorney General's office or the local district attorney's office seek injunctive relief and damages in the same manner as provided for in Chapter 5 (commencing with Section 17200) of Part 2 of Division 7 of the Business and Professions Code.

(g) If 10 or more residents are likely to be transferred due to any voluntary or involuntary change in the status of the license or operation of a facility, including a *facility closure* or voluntary or involuntary termination of a facility's Medi-Cal or Medicare certification, the facility shall submit a proposed relocation plan for the affected residents to the department for approval at least 15 days prior to the written transfer notification given to any resident or resident's representative. The plan shall provide for implementation of the relocation services in subdivision (a) and shall describe the availability of beds in the area for residents to be transferred, the proposed discharge process, and the staffing available to assist in the transfers. The plan shall become effective upon the date the department grants its approval. The department shall base its approval of a relocation plan on the standards specified in this section. The department shall promptly either approve or reject the plan within 10 working days of receipt from the facility. If the department rejects the plan, the facility may resubmit amended relocation plans, each of which the department shall promptly either approve or reject within 10 working days of receipt from the facility. Until one plan has been approved by the department, and until the facility complies with the requirements in subdivision (a), the facility may not issue a notice of transfer. The facility shall submit the relocation plan to the local long-term care ombudsman at the same time the plan is submitted to the department.

(h) The resident shall have the right to remain in the facility for up to 60 days after the approved written notice of the facility's intent to transfer the resident if an appropriate placement based on the relocation assessment and relocation recommendations has not been made. The facility shall be required to maintain an appropriate level of staffing in order to ensure the well-being of all the residents as they continue to reside in the facility. The



1 department shall monitor the facility's staging of transfers, and, if
2 it determines that the facility's staging of placements is causing a
3 detrimental impact on those residents being transferred, then the
4 department shall limit the number of residents being transferred
5 per day until the department determines that it would be safe to
6 increase the numbers.

7 SEC. 2. No reimbursement is required by this act pursuant to
8 Section 6 of Article XIII B of the California Constitution because
9 the only costs that may be incurred by a local agency or school
10 district will be incurred because this act creates a new crime or
11 infraction, eliminates a crime or infraction, or changes the penalty
12 for a crime or infraction, within the meaning of Section 17556 of
13 the Government Code, or changes the definition of a crime within
14 the meaning of Section 6 of Article XIII B of the California
15 Constitution.

